



Response Under 37 CFR § 1.116
Expedited Procedure - Group 2173

In re Application of:

Docket No. 03500.014455.

HARUO MACHIDA

Application No.: 09/559,455

Examiner: Tadesse Hailu

Filed: April 28, 2000

Group Art Unit: 2173

For: DATA PROCESSING APPARATUS,
DATA PROCESSING METHOD,
AND STORAGE MEDIUM STORING
COMPUTER-READABLE PROGRAM

Date: July 21, 2004

I hereby certify that this correspondence is being
deposited with the United States Postal Service as first-
class mail in an envelope addressed to: Commissioner
for Patents, P.O. Box 1450, Alexandria, VA 22313-
1450 on

July 21, 2004

(Date of Deposit)

Carol A. Quinn, Reg. No. 39,000

(Name of Attorney for Applicant)

Carol A. Quinn
Signature

July 21, 2004
Date of Signature

Mail Stop AF
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

RECEIVED

JUL 29 2004

Technology Center 2100

☒ No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|--|--|-------|--|-------------------------|----------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 35 | MINUS | ** 74 | = 0 | x \$9 \$18 | 0 |
| INDEP. CLAIMS | * 6 | MINUS | *** 9 | = 0 | x \$43 \$86 | 0 |
| Fee for Multiple Dependent claims \$145°/\$290 | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--- | | | | | | 0 |


* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Carole A. Quinn
Registration No.: 39,000

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